OUR CHILD GUIDANCE CLINICS IN CHICAGO

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We, the pupils and co-workers of Alfred Adler, have the responsibility for preserving a tradition of great general importance. Alfred Adler developed a technique of child guidance work in Vienna, which was, and still is, unique in its kind. It is one of his most helpful contributions to psychiatry, psychology, and education.

He first organized such clinics in Vienna after the last war, and we, his pupils, took up the work, so that around 1930 we conducted thirty-two clinics simultaneously at various places all over the city, in schools, in community centers, in workers' education centers, and in settlements. Most of these clinics, especially those in public schools, were closed after 1934, with the fall of the democratic government in Austria. Some of the Adlerians conducted similar clinics in Germany and Hungary. Several attempts were made in other European countries, with varied success and for a limited time. Today all of these clinics in Europe have ceased to exist, as far as we know.

Alfred Adler always had hopes that his tradition would be followed up here in the United States. Have we heeded his advice? Have we lived up to our obligation? Where do we find today this type of clinic which Adler has inaugurated and which has proved its value and usefulness? Doctor Wexberg and Mrs. Fritsch conducted for several years a clinic in New Orleans. One Individual Psychology clinic for children functions in New York. We are developing a number of clinics in Chicago. I have not heard of any other attempt by any one of the many Adlerians living and working in America.

This report about our work in Chicago should therefore be more than a mere report. It should be a reminder of our tradition and our obligation, and should stimulate similar efforts on your part. Without child guidance clinics our whole work is incomplete. Such clinics offer the best, perhaps the only effective, opportunity for training. It is rather easy for any trained Adlerian to start this work, and there is no reason why many of you could not start it immediately. Keep that in mind, while you are reading this paper.

Let us first clarify what Individual Psychological child guidance means and in what way it differs from other similar institutions. Child guidance is a term widely used, but it is employed to connote quite different methods and procedures. It often means any attempt to guide the child; it comprises very general educational efforts to help the child in his scholastic work or in his social adjustment. Child guidance clinics, however, represent generally what is called "psychiatric" approach to children

problems. What mainly distinguishes this psychiatric approach from the mere educational or psychological one is the attempt to "analyze" the individual child and his unique personal development, to use interview and examination besides more impersonal tests.

There are a great many child guidance clinics in this country, many of them very famous and very big and expansive(or expensive?--either way is correct). Much good work is done by these clinics, no doubt. But somehow, they miss the boat. It seems to me that it is not merely bias and prejudice when I believe that the Adlerian technique is the most effective on the very points where the other types of clinics fall short.

In what way are our clinics different from others?

First: They are decentralized. They approach and serve the parents, the teachers, the group workers, and churches of a small community. The technique which we use makes our clinics efficient only within a limited locality. But that touches a very important question, whether child guidance clinics should work on a city-wide basis or should limit themselves to the needs of various small communities. It seems to us that as a community project the chances for intensive and effective work are many times increased.

Second: Our psychological approach is decidedly different from most psychiatric techniques used in this country in dealing with "problem children," with juvenile failures and delinquents, or whatever you may call the children who need psychiatric help. For us, the child problems are not intrapersonal conflicts, disturbances created by ambivalent and contradictory emotions, by Oedipus Complexes, by castration fears or guilt feelings. Such things occur, of course. They, however, are not causes, but merely symptoms of disturbed social relationships between the children and their environment, represented mostly by parents. We cannot accept one of the principles accepted by many leading child psychiatrists and directors of clinics, that one should work exclusively with the child, that the same psychotherapist should not treat the child and the mother at the same time. If the conflicts actually were just intrapersonal, then this position would be correct, because each individual would have his own problems which demand separate attention. But if it is correct that all problems are conflicts of relationship, then the problem of the child and that of the mother is identical and can very well, no, even better, be handled by the same psychiatrist. And that is exactly what we are doing--and it works! The problems of the children are actually the conflicts of the parents. We know that we are dealing far less with "problem children" than with "problem parents." Our whole procedure is organized around this recognition. We spend much more time with parents because it is so much more difficult to influence and to change a parent than a child. We use a very direct approach to the problem with which we are confronted. We interpret to the parents and to the child their attitudes and tendencies. We do not need

long investigations of background and past history, because we consider any behavior as an action toward an aim or goal. In this light every behavior problem can be understood by the setting of the family, by the actions of parents and child which we observe at the moment of the interview, by the present relationships between child and siblings, child and parents. This direct approach, much discussed and much questioned, has definite values not only for the correct diagnosis of the case, but even more for an immediate and effective and sometimes very short treatment.

Third: We use group therapy as the most effective method. We have parents and children, teachers, social workers and group workers, all together. We discuss with each parent and child his problems. Anybody who has not observed this procedure at work may object to any such attempt. However, when one has a chance to participate, one is immediately amazed at the frankness and willingness of all participants to talk and to report. The parent who comes for the first time is never interviewed before being given a chance to listen to other cases. But when the parent realizes how much he gains from the report of another parent, he is only too willing to speak up himself. This group discussion has many advantages compared to a single interview. Parents and children learn so much more from the discussion of the problems which other parents have than by the discussion of their own cases alone. In regard to others, we can see and judge objectively while in our own case we refuse to understand and may feel misjudged if an accurate interpretation is given. Furthermore, by group discussion parents and children realize how much their own private problem is like that of their neighbors. This feeling of belonging together, this being in the same boat, increases the social feeling and diminishes the fear and apprehension, the feeling of failure and shame, in every participant.

We are really one great family, we all, we children, we parents, and we workers and teachers. We all have similar problems and conflicts, make similar mistakes, to an astonishing degree. Our clinics represent really a cross section of our community life. The clinic increases greatly this very constructive feeling of "belonging" among all the groups present. The social worker and the teacher come into much more intimate contact with each other and with the parent than ever before. They understand each other better and gain mutual confidence. Instead of telling a mother that she rejects her child, as is so often done without being either helpful or illuminating, we discuss together what she could do, why she is so afraid of the child, and why, because of not knowing what to do, she loses her temper or becomes violent and abusive. Mutual understanding and mutual help is the keynote of this group discussion.

You can now easily recognize why such a technique is limited to a certain community and belongs in community situations, settlement houses, community centers, "Y's," churches, and schools.

It can function only in a decentralized setup. Actually, each clinic has a different atmosphere and often enough deals with different types of cases. Which children are referred to the clinic depends on the interest of certain group workers, teachers, social workers, and on the needs of the parents in a given community. The referrals differ in nature according to whether there is a very active and interested nursery group in the neighborhood, or whether the teachers who are most interested in child guidance teach a lower or higher grade. Even the type of disturbances handled at the clinic changes with the community. We have not found that the nationality prevalent in the community makes so much difference. Economic conditions seem to have a certain influence. Although we find identical problems and conflicts in all brackets of the population, the ways and means of expressing defiance or opposition on the part of the children change with the economic and cultural level of the parents. This is another reason why child guidance clinics should be decentralized and can best serve the needs of the immediate community in which they are located.

Let us report now how we proceed in Chicago. After a short experiment with child guidance work at the Morton High School in Cicero, a suburb of Chicago, I started the child guidance clinic at Abraham Lincoln Centre in February, 1939, at the invitation of Dr. Curtis W. Reese, dean of the Centre. The social worker, Miss Elizabeth Baker, functioned as my assistant. She made the appointments for me, prepared short social histories and helped at the discussions (see Individual Psychology Bulletin, Vol.II,No.3). During the first year, she acted also as secretary, taking notes of the clinic procedure. The function of a secretary at the clinic is of special importance. It provides the best possible opportunity for training in the technique of child guidance. The quite extensive notes reveal rather accurately the degree of understanding which the person taking the notes has acquired. Discussion and correction of the notes are most effective in improving the understanding of the procedure. Very few persons are able, from the beginning, to notice the important occurences and to omit unimportant or insignificant details. Even extensive experience in psychology of the type taught in colleges today is not adequate preparation. I have found highly trained persons who took a long time before they "caught on," while some teachers or group workers with far less psychological training often revealed a remarkable understanding and insight into the problems. Besides Miss Baker, there were two group workers, each of whom served for one year or more as secretary and thereby studied Individual Psychology.

After Miss Baker left the Centre in the summer of 1942, Mrs. Edna Hansen took over the job as social worker. In this capacity she now prepares the social histories and makes the appointments. At the present time she acts also as secretary to get better acquainted with our method. The clinic at the Abraham Lincoln Centre has undergone many changes since last fall. It is now the largest demonstration clinic which we conduct in the city. We

often have as many as fifty participants in a single session. The clinic has close contact with some teachers of the neighborhood who refer cases and attend it. Parents come from an even wider circle, some just as visitors. We have succeeded in establishing this clinic as a field work for medical students of The Chicago Medical School. It is perhaps the first time in the history of medical education that future physicians have received training in child guidance and education. Eleven students of my junior class are assigned to the clinic for a six weeks' period. Miss Eleanor Redwin, who functions this year as my assistant, spends part of the time with the students, discussing case histories of the children who visit the clinic at the time. The teachers of the nursery school at the Centre refer cases and participate in the discussion. Once a month I have conferences with the whole staff of the Centre, at which cases are presented and referrals to the clinic discussed. (For more details see Miss Baker's paper in the Individual Psychology Bulletin, Vol. II.)

In the fall of 1942 two other clinics were opened, one at the Hull House--Mary Crane Nursery, the other at Marcy Centre. The clinic at Hull House has great prospects, but it is not yet fully developed. We made the experiment of dividing the clinic between a morning session, twice a month, for the preschool children, and two afternoon sessions a month for school children. As a consequence the clinics in the morning and in the afternoon are quite different. The morning session serves mainly the children of the Mary Crane Nursery, which is a demonstration center of the National College of Education in Evanston. Miss Redwin is my assistant in both Hull House clinics. Miss Nina Kenagy, the Superintendent of the school, makes the appointments and prepares the initial information. Miss Marguerite Clark, a nursery teacher, serves as secretary. Some student teachers of the National College are always present and occasionally participate in the discussion. The appointments for the afternoon clinic are made by Mrs. Sadie Garland, the social worker at Hull House, who also prepares the social case histories. Mrs. Helen Stein, of the recreation department, is secretary. Referrals are made from the recreation-education department, to which in return go the recommendations on the examined children. In some cases the diagnosis and suggestions are sufficient, in other cases therapy is given, preferably with the cooperation of the parents.

Once a month I have a staff conference with the group workers, discussing psychological and educational problems.

Miss Adrienne Tyssen is assistant and secretary at the Marcy Centre. I conduct the clinic there twice a month, Miss Tyssen the remaining weeks. From time to time I have a meeting with the staff.

Parents who are more deeply disturbed and need more extensive psychiatric treatment than can be provided by the child

guidance clinics are referred to my clinic at The Chicago Medical School. Psychometric tests are arranged for through my clinic at the College.

Once a month we have a child guidance conference, generally at Hull House, where the staffs of all three clinics meet. Each secretary presents a case or a practical problem for discussion. We are now inviting to these conferences other agencies interested in child guidance, especially the settlement houses. Several of them have shown considerable interest in the clinics and are trying to get the funds for the establishment of a clinic of their own. There is hope that during the coming year more clinics will be opened. Miss Redwin, Dr. Alfred Charles Adler, and Mrs. Ella Paschkes are prepared to start as soon as other opportunities appear. The supervision of all the clinics will probably be in my hands.

This rather personal report of our work is aimed, as I stated at the beginning, to stimulate interest in this type of Individual Psychological activity. Wherever there are trained Adlerian teachers, psychologists, or physicians, they can--and should!--start child guidance work. In accordance with our old Viennese technique we should always have a physician and a child guidance worker as a team, conducting the clinic. Only one of them need have thorough Individual Psychology training. The other serves as assistant until he, too, has acquired sufficient skill and training. The ideal place for a clinic is a settlement house, a community center, a church, a "Y," or a school. Many of you may have to start with volunteer work, as the funds may not be available before the clinic itself can prove its value. But we are all accustomed to doing our best without asking first for the reward. We have done considerable volunteer work before, and should be even more willing now, at this time of emergency.

Right now the need for such clinics is greater than ever before and is also much more readily recognized. We Adlerians can do a piece of work for which nobody else is as well prepared and trained. We are serving our own ideals as well as the country, when we fulfill the obligation to serve in the best way we have learned. In no other way can we do as much good as in child guidance work, at the same time helping children and parents and teachers, training and teaching and healing with the same effort. In studying the behavior problems of children we and our students learn to understand the principles of harmonious human relationship. In observing the children and their parents we also begin to understand human beings in general, personal failures and shortcomings. Many are the theories which try to explain human nature and conflicts. But only few can prove their correctness in interpreting children and in helping them. The best demonstration of the value of Individual Psychology is and always will be an Individual Psychology child guidance clinic. Let us go to work!